

# Form PV Massachusetts Income Tax Payment Voucher

# 2000

First name

M.I.

Last name

Social Security number

Spouse's first name

M.I.

Last name

Spouse's Social Security number

Street address

Amount enclosed

\$

City/Town

State

Zip



**Mail to: Massachusetts Department of Revenue, PO Box 7003, Boston MA 02204**

Make check payable to: Commonwealth of Massachusetts. Write your Social Security number(s) on your check or money order.

Be sure to staple check to the front of Form PV and enclose Form PV with your return.